HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970

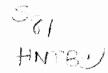
P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org



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STATE OF HAWAU STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

(Type or Print Clearly)				
PART I LOBBYIST				
NAME(Last)	(First)	(Middle)	TELEPHONE	
Sakamoto	Lisa	M.K.	(808) 543-9409	
MAILING ADDRESS (Street)			FAX	
P. O. Box 3288			(808) 543-9458	
(City)	(State)	(Zip	(Zip Code)	
Honolulu	Hawaii	968	96801	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)		TELEPHONE		
Hawaiian Tug and Barge		(808) 543-9311		
MAILING ADDRESS (Street)			FAX	
P. O. Box 3288			(808) 543-9458	
(City)	(State)	(Zip	Code)	
Honolulu	Hawaii	9680	)1	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
Hawaiian Tug and Barge		(808) 543-9311	
MAILING ADDRESS (Street)		FAX	
P. O. Box 3288		(808) 543-9458	
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96801	
NAME OF PERSON RESPONSIBLE FOR F	REPARING ORGANIZATION'S EXPENDITURES STATEME	NT TELEPHONE	
Lisa M.K. Sakamoto		(808) 543-9409	
MAILING ADDRESS (Street)		FAX	
P. O. Box 3288		(808) 543-9458	
(City)	(State)	(Zip Code)	
Honolulu	Hawaii	96801	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY				
Agriculture	Education	Human Services	Science, Technology & Economic Development	
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Relations, International Affairs	Tourism & Recreation	
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Transportation	
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)	
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections		

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the informa	ation furnished aboye is, to th	e best of my knowledge, correct and complete.	
Tmmx Mulh-		1/26/05	
(Signature of Lobbyist)		(Date)	
PART V AUTHORIZATION TO L	OBBY		
NAME		OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
Glenn K.Y. Hong		President	
NAME OF ORGANIZATION (if applicable)		TELEPHONE	
Hawaiian Tug and Barge		(808) 543-9322	
MAILING ADDRESS (Street)		FAX	
P. O. Box 3288		(808) 543-9458	
(City)	(State)	(Zip Code)	

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

Hawaii

(Signature of Authorizing Officer of Person Represented)

Property of the state of

96801

1/26/05

(Date)

Honolulu